

**PROCEEDINGS OF THE AD HOC**  
**MENTAL HEALTH TREATMENT COMMITTEE**

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding Mental Health Treatment on Wednesday, July 27, 2016 in the 1<sup>st</sup> Floor Conference Room, Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

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**Present:** Erik Pritzl, Ian Agar, John Gossage, Cheryl Weber, Rebecca Lindner, Erik Hoyer, Phil Steffen, Judge Zuidmulder, Dave Lasee, Luke Schubert

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**I. Call meeting to order.**

The meeting was called to order by Vice Chair Hoyer at 12:33 pm.

**II. Approve/modify agenda.**

**Motion made by Judge Zuidmulder, seconded by John Gossage to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**III. Approve/Modify Minutes of April 15, 2016.**

**Motion made by Judge Zuidmulder, seconded by Cheryl Weber to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

- 1. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long-term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.**
- 2. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

Vice Chair Hoyer said this meeting will follow the same format as in the past wherein an update is given on each part of the mental health initiative.

Human Services Director Erik Pritzl began by discussing mobile crisis. All hiring and training is complete. In addition, Crisis Center staff has been going out to law enforcement briefings to educate law enforcement on what the protocol is and how they want their work with law enforcement to unfold. The Crisis Center's goal is to get on scene more and this is something they have been doing. There were not any changes in terms of mobile crisis hours in June, but Pritzl did not expect to see an increase because they were in training and not fully staffed yet. He will monitor the monthly reports in the future and keep this group advised.

In continuing, Pritzl informed that the Crisis Center still faces challenges in accessing the emergency rooms at St. Mary's and St. Vincent Hospital for assessments. The Human Services Department is engaged in conversations with Hospital Sister Health System to talk about creative ways to get around this. Pritzl realizes that when people are at the hospital and in crisis, the time they spend in the emergency room could be better spent getting assessed. The other thing that is connected to this is that when someone is going through medical clearance, because they are waiting for lab results and other things to take place, they are spending a lot of time in the emergency room, sometimes as much as four hours. Pritzl said the EM1 committee really needs to look at this issue in terms of time because it is not good for anyone, including the person. He continued that one of the concerns is getting people to understand how long this process takes and what would be optimal in terms of typical response times, but this is something that cannot be tracked yet. The conversation regarding data and time tracking was started at the EM1 meeting and although the first meeting did not go great, Pritzl feels that people are starting to think of solutions.

Judge Zuidmulder's understanding is that the basic idea of mobile crisis is for law enforcement to not have to put people in squad cars and take them someplace else. He asked if there would be data available of the total number of calls for people in need and, of those people, what percentage was handled by mobile crisis in the home and then what percentage needed emergency room clearance. He did not think the County was going to continue to pay for mobile crisis if it cannot be demonstrated that it is actually making a difference in the home environment. Judge Zuidmulder feels it is important to know that this is an assist to law enforcement as well as the Human Services Department. He would like to be able to show that mobile crisis is stabilizing or assisting people without having to have them jump through hoops that are counterproductive or make things worse. Pritzl responded that he does receive documentation that breaks out where contacts are occurring and he can ask Family Services to isolate the mobile crisis contacts and provide further detail as to if there is safety planning, hospitalization, diversion, etc. Judge Zuidmulder feels this would be important information to provide the Board. Hoyer asked if there are figures as to how many times mobile units are deployed. Pritzl responded that the Crisis Center reports on this, and he will monitor their numbers to see if there is an increase. He would like to see increases to things like homes, schools and other community settings, but not to the Crisis Center lobby. Pritzl also said he has been preliminarily advised that the same level of funding for these initiatives should be available for next year. He did not hear any talk of taking money away from these initiatives.

Sheriff Gossage would also like to see the numbers because if this mobile crisis initiative is not conducive for law enforcement or the patient, there would not be a good reason to continue it. He noted that sometimes circumstances do not fit the criteria for mobile crisis such as obvious overdose, weapons involved, homicidal or suicidal ideations. Judge Zuidmulder feels situations are aggravated by putting people in squad cars and taking them someplace and the notion of mobile crisis that was presented to the County Board was that the mobile unit would be able to handle people's distress in a comfortable environment and that law enforcement could detach from the situation. If it is not demonstrated that this is happening, Judge Zuidmulder feels there would be problems with the program down the road. Pritzl responded that the most difficult area to track is the amount of law enforcement time per call and whether that is changing. He noted that if calls are not categorized correctly when they come in, the tracking is very difficult. Sheriff Gossage added that problems arise when shifts are crossed, but the calls for service and how many officers are involved in an incident should be trackable. He said a rough estimate for any EM1 is 2 ½ to 3 hours for going to the residence, getting the person medically cleared and then taking the person to the Crisis Center. Sometimes the officer stays and sometimes they don't. If they do not stay, the Crisis Center calls law enforcement back when the patient is ready to go to the CTC and go through the booking-in process.

Hoyer asked about the relationship with the Crisis Center and the hospitals and whether it is a new dynamic or the way it has always been. Behavioral Health Manager Ian Agar said the relationship with the Crisis Center and the hospitals is generally good and the problems they are running into are due to liability issues and generally only apply to the emergency department.

Pritzl spoke next about the day report center. Reference checks are currently being done and should be complete soon. An offer will then be made and the contract will be drafted. The vendor will have to determine a site and hire staff. Pritzl noted that vendors who responded have already identified sites and provided staffing plans. They also have experience in this area and understand the staffing needs and qualifications and understand the policies and procedures. Pritzl said the estimate to get up and running is between 60 – 90 days.

With regard to detox, Pritzl informed he sent out the first round of documents outlining procedures and flow charts and frequently asked questions to the groups that talk about such issues. The provider is saying to move forward and work out kinks as they occur. He said there has been some interest and he has received some calls on this. Pritzl said everyone on the EM1 distribution list and basic needs group received the information. The EM1 group includes all of the medical facilities and all law enforcement agencies. Assistant Corporation Counsel Rebecca Lindner did not know if all of the

officers know they can start using this. She will follow up on this to be sure that all law enforcement agencies are putting this out to their officers so they know it is available. Judge Zuidmulder asked Sheriff Gossage if this will help the jail population. Sheriff Gossage responded that they do get a lot of detox, but he is not sure how much of it is alcohol detox. Security Lieutenant Phil Steffen informed they get about 700 detoxes a month for heroin, meth and alcohol. Pritzl asked if it would be possible to track the charges of the people coming into the jail while they are under the influence of substances. He wants to make it clear we are not talking about people who are just under the influence of substances and are being brought to jail; they are people who are alleged to have committed a criminal act.

Judge Zuidmulder said the whole idea of this detox initiative is that the jail is no place for these people to be, it causes liability for the County and jailers are not the appropriate professionals to help these people. He feels a protocol needs to be worked out where the Court Commissioners or Judges can be advised up front that a condition of bond should be that these people be transferred to the detox center and remain there. This is what sold this program. Sheriff Gossage agreed and said there needs to be some sort of tracking form to make the Judges and Court Commissioners aware of this. Lindner added that by the time someone gets to an initial appearance in front of a Judge, they would have probably already been through detox, because medical detox only takes about 2 ½ days. The Judges need to know about the residential part. Judge Zuidmulder said if there are people in the jail charged with a crime who have a drug issue and are in need of detox, it should not be happening in jail. It should be an interim event and once they are through the detox they are back in the criminal justice system. He wants the crisis part that the jail is ill equipped to deal with not be dealt with and then the criminal justice system will determine what to do with them moving forward. District Attorney Dave Lasee said they want to provide the opportunity for treatment and allow people to detox in a better environment than the jail. His understanding of detox as it is currently defined and set up is that this applies primarily to alcohol, not drugs. He feels there needs to be a way to get someone to detox as quickly as possible. Pritzl stated that for someone that is intoxicated and not incapacitated, detox would be voluntarily. Judge Zuidmulder said this is where the Judges and Court Commissioners come in. They could say the person can either go back to the jail or agree to be transported to the detox facility and the conditions of the bond will be that the person remains there until discharge and then, upon discharge, the person would be brought back before a Judge or Court Commissioner. Sheriff Gossage said the issue is how to systematically go about doing that and at what point the Court or DA's office would be notified. Lasee said someone would need to let the DA's office know before Court that the person needs detox and then they can be shifted from the jail to the detox facility. Lindner added that officers can do a dual detention to an alcohol hold and then jail. She noted that they do this at CTC for people who have a mental illness. They are stabilized and then sent back to jail. Lasee said that is a possibility, but it also would depend on the nature of the crime. There would also need to be cooperation from the facility to contact law enforcement if the person is no longer cooperating but Lasee noted that HIPAA factors into this. Sheriff Gossage feels this is not a quick fix, there are many factors that need to be considered and a lot of it has to do with informing law enforcement that when they come across someone on the street, they need to flag it for booking so booking can contact medical at the jail and then the jail can follow up with the DA's office and Judges. Lasee noted officers have the discretion not to arrest and to bring to another location and this is done frequently. Law enforcement could investigate and refer and bring someone in to a detox facility, but the question is who would do the assessments, how quickly can it be done and can we get word out to law enforcement that that is an option. Sheriff Gossage asked if there is a possibility of getting someone from Bellin to go to law enforcement briefings to explain the procedure. Pritzl will follow up on this.

Judge Zuidmulder was concerned that the County Board would not support this if it does not make any sense. Pritzl responded that he has spoken with County Board members who are patient at this point and understand that this is just getting started. There are funds set aside for 105 incidences and Pritzl said they are also looking at voluntary situations.

Pritzl said they are also looking at where people are going to go following detox and as they talked about this at the CTC, what they came to is if the person is a high relapse risk, they could go to Bay Haven and then go through the outpatient

orientation group and receive a full substance abuse assessment and have a recommendation made. This would be another use for Bay Haven as a stabilization option which could be out patient or residential or something else.

Pritzl talked next about the transitional residential piece which is more difficult. A number of different options including the County doing it themselves at our facility, working with a provider at the County facility, or something else are being looked at. Pritzl noted there are capacity issues with this service due to the licensing. If they start taking the treatment population, it does not necessarily mix with the crisis population. Pritzl is reaching out to providers to get a better understanding of how they operate. He did note that if something needs to be done quickly, there are providers with existing capacity. There is funding and providers and there is also population and they are working on making that all come together. Cheryl Weber asked if all of these pieces are in place why it is not currently being done. Pritzl responded that it was not previously funded. They were trying to build this into Bay Haven and the CTC, but they are now finding that that picture is a little more complex and it may be more advantageous for people who need residential to use existing providers. Currently the only option in Green Bay is the Jackie Nischke Center. If the Nischke Center would be at a wait list level, Pritzl would know for sure that something has to change, but that is not what is occurring. Lindner added that truthfully sometimes getting people away from Green Bay is helpful and the likelihood is a little greater that they may stay and engage in treatment. Hoyer referenced the new psychiatric facility coming to Green Bay and asked if that would have an effect. Pritzl knows that they will have 72 beds, but he does not know how they are broken down. He also noted that the opening of that facility has been delayed.

Judge Zuidmulder wants to make sure that we do not lose track of who we are addressing with the money. If before the money was appropriated there were people in need who were trying to get into the system but their needs could not be met, then the money is simply meeting a need in the community that already existed. If the money is being used to capture more people who are in need of these services but have been dumped into the jail in the past or diverted into another system, it should make a difference. The argument for the money is very different depending on how we are impacting the needs of the community. If it is just saying there are people who were in need in the past and now we are spending money to take care of them, that's fine, but if we are also saying that we have other community resources that are being inappropriately applied to this population because this population should be served by mental health money and not police or sheriff money, then this needs to be made clear. His concern is that he is hearing there are all of these people out there who have alcohol issues and now we are going to take care of it, but he is not hearing anything about how people in the other systems will be encapsulated and helped. There is no reason for him to put his shoulder to the block if there is no demonstration that this resource is relieving issues for the Courts and the jail. Sheriff Gossage said he warned early on that it will take several years to figure out what impact these initiatives have in terms of jail numbers. He said he was not aware that transitional residential was a component of the jail. Pritzl responded that it was supposed to be the post detox because there will be recommendations that people need residential and the idea was if we do not have it, nothing else could be provided. Pritzl continued that it is the same population. The premise circulating is because people have not received treatment, they are ending up in the criminal justice system. Pritzl does not think this is two distinct populations; he thinks it's the same population, they are just moving out of one system and into another. He continued that the basic idea regarding substance abuse and mental health is the same thing; the community mental health system has not dealt effectively with the situations because it hasn't been funded adequately and people haven't gotten the treatment they need and then people commit crimes and end up in jail. The theory that Pritzl feels people are operating under is that if mental health was adequately funded, these other things would not be happening. Judge Zuidmulder said these people are now going to be identified and will be trackable. He is hearing there should be a group of people out there who are using law enforcement and once this system is up and running those people should be in this system and getting treatment and therefore we should be able to document that there is a decrease of these people in the criminal justice system. Hoyer feels what is most urgent is the relationship between these initiatives and the timeline of building a new jail pod. Sheriff Gossage informed as of today the jail is at 93% capacity and there are 16 inmates shipped out to other counties. He feels it is inevitable the County Board is going to have to add on to the jail. He also is hopeful that the jail liaison is making

an impact in getting people into treatment upon their release from jail. Agar said the liaison has been making a lot of contacts, but has also run into some roadblocks, but they are working on cleaning those up. Steffen said part of the roadblock is the boiler plate they are working on regarding information sharing with CCS. Lindner said she is working on that and will add that the person needs to sign a release which should help.

**3. Report re: Sequential Intercept Mapping.**

Pritzl provided the recommendations that came from the mapping, a copy of which is attached. He said the workshop itself was very good and taking the time to map out the system and talk about the different players was good and he felt that people were amazed by the complexity of the system. There are currently a number of groups addressing this issue and Pritzl did not feel we can sustain those groups and if they do not have a unified and identified purpose, they cannot continue to keep going. He said the first recommendation is very important. Cheryl Weber said this was addressed at the Green Bay Mental Health Task Force meeting and one of the first things they want to do is get the number of groups down to a reasonable number and get them all connected. Pritzl continued that there needs to be coordination of planning and time to get to a point where there is not duplication and competition, but rather cooperation and maximizing the resources. Communities that have done that work actually bring more resources to the table in the end and Pritzl thinks this is a critical element. He would like to bring the chairs of all of the committees together to find out what each group's purpose is. Weber stated that Martha Arendt of the Mental Health Connection is working on this very thing right now.

The next recommendation was with regard to the jail liaison program. The third recommendation was looking at the family members and the consumer perspective and this ties into recommendation four somewhat which is the peer support component. Pritzl said there was action planning around consumer and peer support and noted that there are peer organizations in Green Bay or very close to Green Bay. The fifth recommendation was regarding tele-psychiatry and making more access to psychiatric services and the sixth recommendation was regarding health privacy laws and sharing information.

**4. Such other matters as authorized by law.**

The next meeting date was discussed and August 24, 2016 at 12:30 pm was selected.

**Motion made by Erik Pritzl, seconded by Phil Steffen to adjourn at 1:40 pm. Vote taken. MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Therese Giannunzio  
Recording Secretary

## Recommendations

### RECOMMENDATION 1

*BROWN COUNTY HAS DEMONSTRATED A SIGNIFICANT COMMITMENT TO IMPROVING THE LIVES OF PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS, INCLUDING THOSE INDIVIDUALS WHO COME IN CONTACT WITH THE JUSTICE SYSTEM. AS A RESULT, THERE ARE MANY COMMITTEES AND TASK FORCES WORKING TO IMPROVE THE COMMUNITY'S RESPONSE TO ISSUES AT THE BEHAVIORAL HEALTH/CRIMINAL JUSTICE INTERFACE. BROWN COUNTY REPRESENTATIVES SHOULD EXPLORE THE POSSIBILITY OF CONSOLIDATING SOME OF THESE COMMITTEES TO ADDRESS THESE ISSUES AS A COORDINATED GROUP.*

### RECOMMENDATION 2

*CONDUCT A PROCESS EVALUATION AND ESTABLISH PERFORMANCE MEASURES FOR THE RECENTLY IMPLEMENTED JAIL LIAISON PROGRAM AND THE DAY REPORTING CENTER THAT IS UNDER DEVELOPMENT. THE PROCESS EVALUATION SHOULD EXAMINE WHETHER THE PROGRAMS WERE IMPLEMENTED AS INTENDED. PERFORMANCE MEASURES SHOULD BE USED FOR ROUTINE MONITORING AND OVERSIGHT PURPOSES.*

### RECOMMENDATION 3

*CONTINUE TO INCLUDE AND BUILD UPON THE WORK OF THE FAMILY MEMBERS WHO HAVE SHOWN SIGNIFICANT INTEREST IN COLLABORATING TO IMPROVE THE CONTINUUM OF CRIMINAL JUSTICE/BEHAVIORAL HEALTH SERVICES. MANY COMMUNITIES HAVE FOUND FAMILY MEMBERS AND PEOPLE WITH LIVED EXPERIENCE TO BE THE MOST EFFECTIVE "VOICES" IN BRINGING RESOURCES TO A COMMUNITY.*

### RECOMMENDATION 4

*EXPAND FORENSIC PEER SUPPORT AND RECOVERY COACHING OPTIONS TO PROMOTE RECOVERY FOR JUSTICE-INVOLVED PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS, FROM CRISIS-RESPONSE STRATEGIES TO REENTRY. MANY COMMUNITIES HAVE FOUND THAT PEER SPECIALISTS AND RECOVERY COACHES WITH A PERSONAL HISTORY OF INVOLVEMENT IN THE BEHAVIORAL HEALTH AND JUSTICE SYSTEMS ARE EFFECTIVE AT ENGAGING PEOPLE WHO HAVE PREVIOUSLY RESISTED OR HAD POOR EXPERIENCES WITH TRADITIONAL BEHAVIORAL HEALTH SERVICES.*

### RECOMMENDATION 5

*EXPLORE USE OF TELEPSYCHIATRY TO REDUCE THE WAITING PERIOD FOR ACCESS TO PSYCHIATRIC SERVICES. GRANT RESOURCES MAY BE AVAILABLE SUPPORT TELEHEALTH SERVICES, SUCH AS FROM THE HRSA TELEHEALTH NETWORK GRANT PROGRAM.*

### RECOMMENDATION 6

*INFORMATION SHARING AND UNDERSTANDING STATE AND FEDERAL HEALTH PRIVACY LAWS WERE IDENTIFIED GAPS AND WHILE NOT IDENTIFIED AS A PRIORITY, THERE WAS SUBSTANTIAL DISCUSSION OF HOW RESTRICTIONS IN INFORMATION SHARING INHIBITED COLLABORATION AND AGENCY COORDINATION.*